Nightingale Hammerson

Nightingale House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service
Nightingale House is a residential care home providing personal and nursing care to up to 215 people. The service provides support to older people some living with dementia. At the time of our inspection there were 119 people using the service.

Nightingale House accommodates older Jewish people across six self-contained units, each of which has separate adapted facilities. The units specialise in providing care to people living with dementia, residential and nursing care.

People's experience of using this service and what we found
People and their relatives described care as outstanding. They told us, "The staff are unbelievably caring" and "The staff are exceptional, so kind, thoughtful, and caring." People were treated with kindness. A relative told us, "I knew instantly when [person] was admitted that I would have peace of mind and I have not once been disappointed." Staff involved people in making decisions about their daily living and respected their choices. People's privacy and dignity were respected. Staff supported people to develop and to maintain new skills to promote their independence.

People benefitted from innovation through intergenerational activities. Nightingale House had a pre-school and day care for children on its premises, a first of its kind in the U.K. People using the service and the nursery children took part in daily intergenerational activities such as singing, gardening and cooking. They told us the interactions uplifted them, brought endless joy to their lives and took the focus away of an ageing mindset.

People received person centred care that reflected their support needs and lifestyle choices. People were supported to express their individuality and their strengths. Their skills were displayed and celebrated. People enjoyed living at the service and took part in activities meaningful to them. People felt confident to make a complaint and knew their concerns would be listened to and resolved. People received outstanding end of life care and the support also extended to those that mattered to them.

People were supported to eat and drink healthily. Staff put great effort in ensuring people experienced good dining. People were involved in menu planning and used opportunities to feedback their views and share recipes and food preferences with the catering team. People's quality of life was enhanced by the building, gardens and grounds which were impeccably maintained. Refurbishments were done when needed. People benefitted immensely from the use of innovative technology which also aided inclusion.

People were supported to access healthcare services. They enjoyed provision of in-house facilities and immediate access to professionals such as a general practitioner, physiotherapist and dietician. An enabling environment ensured people followed a healthy lifestyle which aided recovery and had a positive impact on their wellbeing.

People, their relatives, friends, staff described the leadership as exceptional and they enjoyed an inclusive and supportive culture. Staff told us the registered manager and management team had a visible presence at the service and ensured people were at the centre of everything they did. Staff were enthusiastic, motivated and felt well supported in their roles. The provider championed the well-being of staff and offered opportunities to progress their careers. The quality of care underwent robust multi-layered checks which enabled the provider to develop and sustain an outstanding service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe at the service. One person told us, "Oh God! It is safe! They keep me safe. Everything here is set up to keep you safe." Staff knew how to identify and report abuse or poor practice. They understood their responsibilities to escalate concerns and whistleblow to keep people safe. Sufficient numbers of skilled staff who knew people well provided care. A relative told us, "There are a lot of staff so I know there are people around looking out for [person]."

People were supported by staff who underwent safe recruitment processes. People's medicines were managed and administered safely by competent and trained staff. Risks to people were identified and managed whilst supporting them in a manner that least restricted their freedoms and respected their choices. Staff minimised the risk of infection and promoted the prevention and control of spread of disease which enabled people to keep safe from avoidable harm.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was outstanding (published 21 August 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was exceptionally caring. Details are in our caring findings below.	**Outstanding** ☆
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was exceptionally well-led. Details are in our well-led findings below.	**Outstanding** ☆

Nightingale House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of three inspectors, a specialist nurse advisor and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Nightingale House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nightingale House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
We spoke with 25 people who used the service and 18 relatives about the care they experienced. We spoke with 22 members of staff including the registered manager and director of care. We also spoke with nurses, health care assistants, team leaders, dietician, chef, physiotherapists, wellbeing coordinators, head of engagement and activities, head of therapies, administrator, occupational therapists, head of estates and facilities, relationship centred care coordinator, household managers, spiritual leader, tissue viability lead nurse and volunteers.

We reviewed a range of records. This included 30 people's care records including risk assessments and support plans and medication records. We looked at 20 staff files in relation to recruitment, staff training and supervision. A variety of records relating to the quality assurance, audits related to the management of the service, including policies and procedures were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. They received care from staff who were familiar with them and had undertaken safeguarding training. Staff understood their responsibility in identifying and reporting concerns or allegations of abuse or poor care practice.
- People felt safe at the service. They told us, "I have no worries at all. I feel safe here" and "[Staff] are very good. I am well looked after."
- The registered manager understood and reported safeguarding incidents to relevant authorities which ensured people were protected from the risk of avoidable harm.

Assessing risk, safety monitoring and management

- People had risks to their well-being assessed, monitored and reviewed including those associated with their health conditions.
- People and their relatives were appropriate were involved in decisions about managing risk.
- Specialists based at the service including physiotherapists, tissue viability nurse, a dietician and occupational therapists were involved in assessing and reviewing risks to people. They developed detailed support plans which enabled staff to minimise risk of avoidable harm such as skin breakdown, self-neglect, falls, malnutrition, choking and malnutrition.
- Each person had an emergency evacuation plan with information to enable safe evacuation by emergency services when needed. Staff received training in fire safety and took part in regular fire drills. The provider ensured fire safety equipment met the required standards.

Staffing and recruitment

- People and their relatives told us there were sufficient staff to meet their needs. Staff told us staffing levels were reviewed regularly and these were good. We observed a high number of staff and volunteers supporting people in a relaxed and unhurried manner.
- People were supported by staff recruited safely. Records showed completed application forms, checks on identity and right to work in the U.K, employment history, references and a disclosure and barring service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Nurses maintained their registration validation status and renewal dates and fitness to practice monitored.

Using medicines safely Pharmacist technician

● People received their medicines as prescribed from staff who underwent training and competency checks.

● Staff followed protocols in administering when PRN 'as and when required' medicines.
● Medicines were stored in line with regulations and Medication Administration Records were completed accurately.
● A pharmacist technician based at the service had oversight of medicines management which ensured issues were identified, discussed and resolved.

Preventing and controlling infection
● People lived in environment were staff practiced good infection control. One person told us, "[Home] is kept very clean."
● The provider worked closely with the Health Protection Agency and local authority and CQC about their practices of infection control and other ways of keeping people safe. The provider instigated an Essential Care Giver (ECG) scheme in March 2020 at the start of the COVID-19 pandemic, initially for people with dementia but opened to all people using the service in April 2020. These ECGs were treated as a member of staff, provided with PPE and subject to regular PCR and LFD tests to ensure people's safety while maintaining social and emotional bonds. ECGs were allowed to visit unrestricted throughout the pandemic.
● The provider did not always strictly adhere to government guidance on visiting and self-isolating after visits out of the service. However, where they had deviated from guidance, they thoroughly and comprehensively assessed the risks and had strict measures in place to mitigate these. These risk assessments and mitigation measures were very effective and meant that people were able to maintain contact with their loved ones to ensure their social and emotional needs were met.

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● Systems were in place to ensure visitors, including family, friends and professionals visited people in a manner that minimised the risk of spread of infection. The provider carried out robust risk assessments when they had varied from government guidance to enable them to meet the needs of people using the service safely. For example, the provider undertook surveys which showed people did not wish to be supported by staff wearing masks.
Learning lessons when things go wrong
● People benefitted from the experience of staff who learnt from events at the service. Staff recorded accidents and incidents which management and specialists reviewed in line with people's care and support plans. A multi-layered review and analysis of incidents happened regularly and safe practices discussed at staff meetings, one to one supervision, with family and at provider level to raise awareness and to minimise a recurrence. A monthly analysis identified any trends or learning opportunities such involving the rehabilitation team to support people at risk of recurring falls.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.
Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to enjoy a healthy lifestyle and to access healthcare services. They told us, "The doctor visits once a week. I've seen a chiropodist. There is a dentist downstairs. My son takes me to hospital appointments" and "I wasn't very well last week and a doctor came to see me three times."
- People had access to healthcare services including onsite GPs, advanced nurse practitioners, therapists and a pharmacy technician. They told us, "There are doctors on call here all of the time" and "There are resident physiotherapists, so I have my therapy sessions regularly."
- People received treatments in a timely manner. Specialists on site were able to assess people who were unwell and prescribe medication and interventions without delay. Other professionals such as dentists and optician undertook routine visits and when needed.
- Records showed collaborative working with other agencies enabled positive outcomes for people. Examples included working with palliative care teams, community nurses in wound and pain management and following occupational therapist's instructions for supporting a person with pressure sores resulting with positive impact on their life.
- People received one-to-one occupational therapy and physiotherapy sessions when needed. One person's health improved significantly after 5 months of intense physiotherapy after coming out of hospital where they were considered not having rehabilitation potential. The excellent progress enabled them to return to live independently in the community. Another person had a long stay in hospital. They had discussed with staff how they wanted to regain their mobility. Following a mobility re-assessment by the therapists and intensive exercises with the rehabilitation team, the person recovered and were able to walk independently. A relative told us, "[Person] feels much happier they can walk about as they wish and do things on their own."
- Hospital transfer documents ensured important information about a person's health such as allergies, medicines and contact details was shared with emergency services and other healthcare professionals enhancing effective care delivery.
- Staff were proud their relationship centred care extended beyond care teams, people and their relatives. They took pride from their involvement with researchers in finding ways of how to support people build and maintain social inclusion and meaningful engagement.
- This had a great impact on people's well-being as they well fulfilled and looked forward to academic and social events organised at the service. People attended workshops related to care provision and their contributions to discussions empowered them and were extremely proud to continue making a contribution to the sector. A family member of a person living at the service involved in the vaccine research held informal discussions with onsite GPs about the development of the COVID-19 vaccines. This had doubled the home's interests which led Nightingale House to be the first care home to have on site COVID-19 vaccinations.

People using the service were delighted and reassured.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People received good support as the provider had a team of specialist health professionals based at the service who undertook assessments of people prior to and after admission at the service. This included physiotherapists, a dietician, occupational therapists and advanced nurse practitioner.
● People and their relatives when appropriate were involved in pre-admission assessments to identify and assess their care and support needs. They told us, "The occupational therapist lead here was very helpful and practical regarding the safety and suitability of our room when [person] first arrived" and "We had an assessment before my relative came to live here. The assessment took a few hours. It was very thorough."
● Assessments were detailed and completed using nationally recognised assessment tools in line with best practice and legal requirements such as skin integrity for those at risk to pressure sores. The service benefited from organisations that carried out research at the home to develop best practice for example improving oral care and creating an enabling environment for people living with dementia. This resulted in very low incidents of tooth decay, discomfort and good quality of life for most people.
● People with complex needs benefitted from additional assessments and resources which resulted in the use of assistive technology and specialist equipment such as bed and chair sensors, falls sensor mats, overhead hoists, pressure relieving mattresses and cushions and special shoes.
● The involvement of physiotherapists aided in maximising people's mobility and stability and minimised falls. People enjoyed one-to-one or group rehabilitation exercises tailored to each person's which helped them maintain or improve their mobility. A therapy team carried out a falls assessment and see what might prevent a recurrence. Therapists used rehabilitative processes with some people which enabled them to learn alternative ways of doing things which minimised the risk of harm, for example skin breakdown.

Staff support: induction, training, skills and experience
● People were cared for by staff who were trained and assessed as competent to undertake their roles effectively. A relative told us, "They are well trained and work well together as a team." New staff completed an induction and received ongoing training and support that enabled them meet people's changing needs. Staff induction included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● The provider ensured staff received training appropriate for their role and tailored to meet each person's individual needs for example PEG feed which allows nutrition, fluids and/or medications to be put directly into the stomach, catheterisation, phlebotomy and palliative care.
● Staff were consistent in describing the training as good. One staff member told us, "The training is very impressive, very thorough and relevant to the needs of our residents."
● Staff told us they were consistently provided with excellent opportunities for career progression. Examples included sponsorship to complete nurse associate training, nursing degreed, nurse prescriber courses and diplomas in health and social care. One member of staff recently completed a nursing degree and received promotion to a new role at the service. This had increased nursing staff compliment and served to inspire other members who wished to progress in their careers at the home.
● Specialists teams, clinical and non-clinical staff worked well together and shared knowledge and skills. This ensured people received consistently high standards of care. A nurse told us, "We work together as a team always learning. An example is we know our equipment well, such as pressure mattresses, cushions and syringe drivers. We support our care assistants with training, enabling them in building up their confidence with good outcomes for our residents."
● Healthcare professionals commented nurses demonstrated best clinical practice and were eager to adapt to new ways of working, for example managing pressure sores. An example was of a very effective treatment

of a long-lasting pressure sore, where they had sought out innovative treatments with the help of the community tissue viability nurse. Over time they found an ideal dressing and a care regime that enabled the sore to heal completely. Staff told us complete healing is unusual in very elderly people and the team were very proud of achieving this and the person had an enriched quality of life.

Supporting people to eat and drink enough to maintain a balanced diet

● People's eating and drinking needs were met. People told us, "There's too much food and it's too good!" and "There's plenty of choice on the menu." People and where appropriate their relatives provided information about their food and drink preferences, likes and dislikes, allergies and any specialist diets. The chef explained, "We have information about every residents' food choices."

● People were encouraged and supported to have meals that were culturally important to them and prepared in line with their religious beliefs. The catering team respected this and prepared and handled according to the standards of Jewish dietary laws. This included complete separation of utensils used for meat and milk. Only Kosher meals were prepared and served in line with the Jewish beliefs of people using the service. The catering staff worked closely with a religious advisor at the service who ensured adherence to observance of Jewish rules of meals.

● People benefitted from input of a dietitian who recommended diets specific to each person's needs such as textured modified for those with a swallowing difficulty.

● People's dining experiences were enhanced as the provider placed a strong importance on providing high quality food and drink in line with people's preferences. The catering team held menu planning sessions and issued customer feedback forms which they used to make necessary changes to meals. Other examples included a tasting event where people tasted foods they would like added to their menus. Foods tasted included French onion soup, Egyptian golden potato soup, Kabocha squash soup, lamb with lemon and black olive and apple and cinnamon cake. People were happy their food choices were respected and provided. Resident food forums were held quarterly and recommendations by people of their food choices were adopted.

● People were provided with meals that were suitable to their individuality, special memories and current food preferences were identified and provided by the chef, for examples special juices. The chef and catering team enjoyed good relations with people and spent time with them discussing meals served and what could be improved. We observed people chatting whilst they had their meals, sharing jokes and enjoying each other's company.

● People who required support to eat and drink were well supported with a member of staff assigned to them. We observed staff helped people at each person's pace of eating, checking whether they were enjoying the food, interacting courteously, protecting their dignity and providing reassurances when needed.

● People had access to snacks and refreshments that were stationed at various points in the home. People who wished had fridges in their room which meant they could independently access their preferred snacks and cold drinks.

● Relatives, volunteers and friends told us they had the choice to join people for a meal, at no cost or make a donation to a charity if they wish.

● Staff promoted healthy eating. An example included including supporting people to celebrate world nutrition day where they highlighted healthy eating habits and impact to their lives.

Adapting service, design, decoration to meet people's needs

● Research studies carried out at the home and staff confirmed the gardens enabled people living with dementia to enjoy a calming and relaxing environment, to reminisce and to stimulate their senses through fresh air. Staff added they observed the areas with indoor plants were beneficial to peoples' mood and sleep patterns and that access to nature reduced frustration which enhanced their quality of life.

● People had access to well-manicured gardens designed with the needs of people living with dementia. People enjoyed the gardens which contained an old-style red telephone box, a bus stop, an old-fashioned streetlamp, and an old Morris Minor car serving as a reminiscence item and way finder/orientation for people living with dementia. The seated areas of the garden were paved and also accessible by wheelchair users. A raised bed planting area enabled people to pursue their gardening interests.
● People's wellbeing was enhanced as the provider ensured accommodation and premises took into account their safety, health needs and independence. Commemorative plaques were in the garden which celebrated people's histories, childhood memories, significant personalities and historical times. One person told us, "Fascinating history here. Wonderful memories here." We observed people sat on benches enjoying watching birds in an aviary, rabbits in a hatch, bees in an apiary and fish in a pond. People told us they enjoyed observing and interacting with the children from the nursery and looked forward to each day for wonderful moments of the toddlers' laughter and creativity. Others enjoyed looking the presence of toddlers and the noise coming from the nursery playground.
● People's rooms when required were suitably equipped with equipment designed to improve their quality of life which included ceiling hoists, telephone by choice and fridges. The doors to people's rooms were like a front door with a door knocker. The person's name, portrait photograph and personal memorabilia gave visual clues to identify personal or private space outside the doors of people's rooms. These also acted as a point of interest while allowing orientation throughout the home.
● Some spaces were designated as peace rooms which people used for relaxation, reflection and quiet. The ambience was designed with soft shades of light colours, soft music and comfortable seating. There were ornaments and memorabilia of significant significance to the people living at Nightingale House.
● The 'dementia' floors were quiet and had even lighting throughout and calm colours which staff told us reduced the impact of the confusion and anxiety that can occur to people living with dementia. The sitting areas were free of clutter which minimised the risk of overstimulation. We observed people sitting in the lounge spaces that were arranged in small clusters which encouraged socialisation. Artworks were used to emphasise the purpose of spaces, for example in the dining area there were posters of food advertisements that people might recall from their own childhoods and stimulate the feeling to eat.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● People were supported in a manner that respected their rights and freedoms. "They do definitely ask [person's] consent, for example having the COVID-19 booster. [Person] made her decision and staff respected this." Staff were trained in the principles of the MCA and understood the importance of supporting people to make decisions about their day to day lives whenever possible.

● Assessments were carried out when a person showed they were unable to make a specific decision about any aspect of their care. Staff made decisions in the best interest of people and when needed, with the involvement of the person, relatives, and appropriate health or care professionals. This included areas such as managing finances, medicines, going out or personal care.

● The registered manager submitted DoLS applications and ensured support plans reflected the conditions relevant to supporting them. This enabled staff to provide care in a manner that was least restrictive.

● We observed staff involving people in making decisions about their care for example offering them choices where they wanted to spend time or eat. Staff respected the decisions people made and when they changed their minds.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager fostered a strong emphasis on a culture centred on kindness, empathy and respect for people. People and their relatives commended staff for showing keen interest and understanding of their needs. Staff sought information about each person's individuality, skills and lifestyle choices which enabled them to focus and celebrate on what mattered to them.
- Staff knew how to support people to calm down when in distress. A relative told us, "[Staff] will sit and chat with [person] who is sometimes unsettled in the night. They will play music, read a book or just walk around with him until he [is settled]." People benefited immensely from a playlist for life. This was a resource for people living with dementia which they or their relative and staff had built with music from childhood or that reminded them of special moments such as holidays, weddings, hobbies or other events. Staff told us people's music collection when played to them had a positive impact on people's well-being often calming and making them smile. One person no longer able to speak could still sing along to their music collection which gave them pleasure. We heard classical music from a person's room which staff told us signalled the person was enjoying his relaxing time and could not be disturbed.
- People and their relatives were extremely happy with the care provided and described it as outstanding. A relative told us, "The outstanding thing is that carers approach everyone with kindness. The staff treat even residents [with behaviours that challenge the service and others] with the same respect and consideration that they give everyone else. That is professionalism." Staff were extremely caring. Care centred around people who lived at the home. One person told us, "The staff are fantastic, they are so caring."
- People's equality and diversity needs were celebrated. People were asked to share information about their cultural backgrounds. Day to day living arrangements took account of this which ensured people's care reflected what was important to them. Events were held to embrace and celebrate significant events including Jewish festivals and holy days.
- People were extremely happy music played an important role in the home as they celebrated their culture. There were digital pianos in many different areas as well as facilities to play people's favourite music. Volunteers and the nursery children also played and sang songs including Hebrew songs. A religious coordinator ran three music sessions a week focused on Yiddish music and Israeli songs.
- Staff spoke with enthusiasm and warmth about their caring roles and how they considered Nightingale House as their home. A staff member told us, "We work hard to make the home special. We're one big family."
- People spoke highly of the relationships their family members had developed with staff. One person told us, "One good thing is that we have regular carers. You get to know each other. I've got an allocated carer and we get on very well."

● Relatives commented staff extended kindness and compassion to them and reassuring them about their family member. A relative told us, "[Staff] do check on me regularly to see how I am coping without my loved one at home" and "They are kind to me too, not just my relative. They have been hugely supportive as my relative's situation has been changing. They made sure that I understood that this was the disease and not the person's fault."
● Staff provided care with empathy and compassion. A relative told us, "The staff and managers were very welcoming. They did not spare any effort to make us feel part of the home. It reduced our anxieties." One member of staff told us, "It's always a difficult time when we lose a resident. We sit and talk with families and share memories if they wish and it goes a long way in easing their pain."

Supporting people to express their views and be involved in making decisions about their care
● People were empowered to share their views and felt these were valued and their voices heard. One person told us, "[Staff] and the managers always ask for my views" and "Staff do listen to what we have to say. Quite happy about that." Another said they had requested staff serve their lunch in one of the quieter areas which decision they respected.
● Records confirmed people and their relatives were consulted and involved in making decisions about the care and support they required. Examples included decisions about the COVID-19 restrictions and the creation of essential care givers which enabled them to receive care from people familiar with their needs.
● People who were unable to express their own views and make decisions about any aspect of their care were supported to do so. A vibrant volunteer group befriended people who did not have families, or no family nearby and offered one to one engagement and supporting them to make decisions about their care. This enriched people's lives.
● Advocacy services were sought when appropriate to support people to make decisions. An advocate is an independent person who can assist people to make decisions about their health and well-being.

Respecting and promoting people's privacy, dignity and independence
● People received outstanding care that encouraged and supported them to maximise their independence. Examples included a person who had been admitted to the home as requiring nursing care. Through meticulous rehabilitation, patience and encouragement from staff the person's heath significantly improved and they were moved to the residential side where they required minimal support with their personal care. The person was very happy with the improved quality of life and being able to undertake aspects of their care. Other examples included people doing their laundry and putting away their clothes which empowered them by doing things for themselves.
● Another person wanted to continue with employment and loved plants had a "job interview" for which they prepared for by dressing smartly. They were given the job and took on responsibility for watering the plants. They had a watering can with their name on it. This action had improved their self-esteem.
● People benefitted from relationship centred care which focused on people's life history, preferences and the wider network of people around the person, inside and outside the home. A visual representation of a person's life and care was based on drawing a tree from roots to branches and leaves to identify the contributors to their life, past and present. Staff told us this provided opportunities for team building and increased their focus on new ways of meeting people's needs.
● People's privacy and dignity consistently remained at the centre of care provided. One person told us, "Of course they treat me with respect and dignity. That goes without saying. The staff are excellent."
● People were cared for by staff who understood what was important to them. Dignity was embedded throughout the service. One person explained, "[Staff name] knows how I like my hair and comes in every morning to make it just how I like it. They help me to dress up which is important to me."
● Information about people's sexuality and sexual needs and wishes were included in their care plans.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The registered manager and the staff team went above and beyond to ensure people had access and enjoyed a broad range of activities that were meaningful to them. People were heavily involved in designing and planning activity schedules. People told us, "Poetry is my favourite class"; "The Rabbi visits very often" and "We had an afternoon of Commonwealth activities during the Queen's Lying in State. That was very interesting. Some of the staff members are from different Commonwealth and ex-Commonwealth countries. I learned a lot."

● We observed people watching a film from the 1970's. The movie was loud enough for people to hear and had subtitles in case people needed them. People had popcorn and hot chocolate. There was laughter and chit chat which showed people were having fun. A French speaking group run by two volunteers was well attended and we observed people were all very engaged with the discussion.

● People were passionately supported and encouraged to be part of their local community. The home also had relationships with local schools including specialist one for students with hearing speech and communication needs. The relationship was beneficial on both sides as they enjoyed each other's company. Following the death of Queen Elizabeth II, the registered manager invited the Mayor of Wandsworth who brought a book of condolence which was signed by people using the service and later presented to the royal family. People were happy to pay their respects. We saw numerous ways of staff going above and beyond to ensure people were able to follow their interests and be valued members of their community.

● People, their relatives and staff were extremely positive about the intergenerational programme and the impact it had on people's daily life and changing the atmosphere of the home as only a place for the elderly. A pre-school and day care for children from three months to five years was based in the garden of Nightingale house. This was the UK's first intergenerational nursery set within the grounds of the home. A calendar of Jewish festivals marked out the year although they celebrated other faiths significant occasions in the pre-school. The nursery enrolled children of both Jewish and other faiths. Children had daily intergenerational activities including playing, singing, caring for animals and growing vegetables alongside their older friends. They also benefited from attending cultural activities such as workshops with visiting musicians, drama therapists, pottery and art. Interaction with the young children was good for the well-being of people using the service, taking their mind of living in an ageing community.

● People enjoyed spending time in the concert room that housed a grand piano, a stage and a projector. People and their relatives told us they thoroughly enjoyed music concerts and plays held there, notably a vocalist and an accompanist whose shows were well attended. A pianist also performed there twice a month and visiting entertainers such as singers and musicians regularly attended the home.

● One person was overjoyed as they joined family in a live streaming of a funeral of a loved one they were unable to attend. They were happy and appreciative to have had the facilities to join the occasion which they would have sadly missed. They were able to connect in real time with other family members.
● Staff found innovative ways to continue intergenerational work during lockdown. Children would sing and dance outside patios, while their older friends watched and joined in from the warmth and safety of the home.
● People enjoyed outings and Nightingale House had a minibus and driver which meant people could visit places such as Kew gardens and other places of their interest.
● The Rabbi knew people's spiritual needs and visited them in their rooms and when in hospital to offer them spiritual support. They led activities that included religious observations and prayers in the onsite synagogue. A religious advisor lived at the home throughout the COVID-19 lockdown, which enabled people to continue their religious practice.
● People were supported to maintain relationships that mattered to them. A member of staff had established a person had been a singer and used music to develop a connection with them. Through interaction they found the person spoke his own mother tongue, so they had conversations in the mutual language. Gradually they encouraged the person to come to the communal areas sometimes, rather than remaining in their room. Staff had managed to locate the person's family member in another care home, with whom the resident had lost touch and contact was re-established to the joy of the person.

End of life care and support
● People at the end of their lives received exceedingly compassionate care. Their wishes were detailed and recorded when people wished to share this including their preferences and choices for end of life care. For example, people were asked what music they would like to have played, what specific aroma they might like in their room, who they wish to be present when they were dying and where they wished to be buried or cremated. There were notice boards on each floor with information about death and dying "dying matters – let's talk about it." People were open about death and dying.
● Staff delivered care as people wished and more. Relatives told us staff treated their family members with utmost care and showed empathy throughout their journeys. Comments received included, "[Staff] were very compassionate all the way"; "[Staff] kept us informed of [person's] ill health. Everything was done with love and care. We got to spend precious moments at the end" and "This last week [staff] care has been outstanding. It was all the little things that I noticed. Quietly done, making [person] comfortable."
● Relatives received regular updates about people's well-being as they wished and were offered accommodation, food and counselling to enable them to be with their loved ones. Records confirmed people's wishes at the end of their lives were arranged and delivered which made their passing comfortable and dignified. Family members told us they enjoyed spending the last days and moments of their relatives' lives with staff giving them the space and time to go they needed. The homes' religious coordinator provided support at this time. Last rites were provided in line with their religion. Staff were trained to understand Jewish cultural practices in relation to death and bereavement.
● Staff spoke with respect of how they supported people with end of life care. Comments included, "We have done it many times. We put sensor oil in the room and soft ambient lighting as requested. A staff member has to be present for the person and usually there is a relative, and a dying person is never alone." Staff took turns through caring for the persons and respected the Jewish death and dying protocols.
● The nursing staff monitored people's needs and were extremely responsive to changes in their health. A nurse told us, "We monitor our residents closely. The GP is a matter of minutes away and they come in quickly if we are concerned with a deterioration of health. It is a privilege to be trusted by the families with their loved ones." There was extensive involvement of professionals who included the, GP, palliative nurses, care assistants, chefs, dietitians and family members which ensured people received exceptional and compassionate care to the end.

● Best interest decisions were made by those who had detailed knowledge of the person. Some people chose to have their last days at the home. This was respected and hospital admissions were not offered. People did not transfer to hospices at end of life as their preferences were to remain in a culturally familiar place.
● Staff were trained and highly skilled in providing end of life care. Nursing and non-nursing complemented their expertise through sharing learning and supporting each other with compassion, kindness and empathy. A care staff told us, "It's never easy to deal with death and dying. We all get mixed emotions. We are there for each other. Our managers are ever at hand to lead by example, sharing learning and getting us go through grief with relatives."
● Managers ensured staff had opportunities to reflect on the long-term illness of people and passing on to minimise the toll of the stressful events. Staff were encouraged to use language that was clear and did not attempt to gloss over death. Remembrances were done as appropriate and staff offered counselling.
● The exceptional end of life care provided at the service was recognised internally and externally. Nightingale had been awarded Platinum Status in the Gold Standard Framework (GSF) for the 5th year running. The GSF accreditation are awards given to those care homes with high-quality end of life practices. Platinum status is the highest level of recognition for palliative care.
● We saw numerous exceedingly complimentary letters, emails and cards from relatives thanking staff for the sensitive end of life care they had provided.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People experienced exceptionally responsive and person-centred care which met their needs. One person told us, "As our needs have increased [staff] have been able to respond." People and where appropriate their relatives were consistently involved in planning and reviewing their care and support. People's needs were detailed and regularly reviewed and updated. Support plans were comprehensive including their backgrounds, lifestyle choices and significant events that mattered to them such as careers, interests, hobbies and preferences. This enabled staff to provide highly person-centred care which had an extremely positive impact on people's well-being.
● Staff were assigned to work in the same household units which ensured they were matched to the people they supported. This resulted in people enjoying positive and supportive professional relationships. A relative told us, "[Person] has a number of care workers, who absolutely love their work and enjoy working with her."
● People benefited from research-based practices such as 'Namaste care' which was designed to give one to one comfort and pleasure to people through sensory stimulation, especially the use of touch and scent in a relaxed environment. Staff told us they observed reduced incidents of behaviours that challenge the service and others, including agitation and aggression and increase in their contentment after Namaste sessions.
● People enjoyed relaxation and pampering sessions and had access to a hairdresser who worked in a colourful salon.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● Each person's communication and sensory needs were assessed, recorded and addressed. This included ensuring people received regular reviews of their hearing and eyesight to check whether they required

glasses, hearing aids or any additional support. The provider ensured when needed information was provided in large print, braille, picture format or a language other than English.

● The provider understood and complied with the Accessible Information Standard and ensured staff received training when needed to enable them to communicate effectively with people with sensory needs. The home worked closely with an organisation for deaf people which ensured people hard of hearing were assessed and given supportive technology to use such as hearing aids which enhanced their communication and quality of life.

● The registered manager and provider were passionate in facilitating people's ability to communicate and express their wishes. Assistive technology and other innovative ways were adapted such hearing loops to encourage ease of communication and to accommodate the various sensory loss experienced at the service.

● Communication care plans were detailed and provided staff with guidance about how to communicate with people and to support them express their needs. Staff told us and we observed them use body language, gestures, facial expressions and verbal communication as detailed in people's care plans.

Improving care quality in response to complaints or concerns

● People felt confident the managers were keen to listen and resolve any concerns raised. One person told us, "I know how to raise concerns. The staff and managers do listen and are very quick to resolve things." Each person and relatives involved in their care were provided with the complaints policy which detailed the process to have their concerns resolved. Copies were displayed around the service, available to anyone who required them and in different format that met the communication needs of people using the service.

● The registered manager and provider expeditiously responded and resolved complaints raised of which records were maintained. The provider undertook a thorough analysis of every complaint received. Records showed a detailed review of every complaint made and the involvement of the person and their family until they were satisfied with the response and action taken. Concerns were discussed at various levels of management, staff meetings and one to supervision to ensure staff maintained high standards of care.

Outstanding ☆

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, registered manager and management team displayed exceptional leadership skills that placed people using the service at the centre of everything. A relative told us, "This really is a great place and well managed. The staff could not do more for you."
- People using the service and their relatives highly commended the home's inclusive culture that valued everyone. A staff member told us, "There is an inclusive culture where no one is left behind, residents, their families and staff." People were overwhelmingly positive about the manner the service was managed and emphasised the person-centred approach to care. People told us, "The [registered manager] and team are very caring and well-meaning. There is nothing they will not do to make our lives better" and "Wonderful. [Staff] always looking at innovative ways to provide the best care possible."
- The registered manager maintained a visible presence at the home, leading by example and working diligently alongside a team of competent staff and dedicated volunteers. A staff member told us, "[Registered manager] is very caring, supportive and treats us fairly and providing opportunities for growth." Another told us, "[Registered manager and management team] are devoted to their work, placing our residents at the centre of everything we do and making sure Nightingale House is a great fun place to work."
- The registered manager and director of care had full understanding and knowledge of the people who lived at the home and spoke passionately about their care. The provider and registered manager promoted a clear vision and strategy to provide people with the very best possible care and support. They had great ambitions for people and which the staff acted on. The registered manager and the management team were hands on. They supported and encouraged staff to develop and improve their practice through observation, mentoring and coaching.
- Record keeping and monitoring of care was meticulous. Staff, healthcare professionals and management used an online system to record care provided. The registered manager and senior management had oversight of the system and reviewed real time the support people were receiving. The system was used to the maximum benefit of people, for example staff undertook hourly monitoring as required. Managers reviewed this information and were quick to identify and to respond to any concerns arising. They took quick action which ensured people's well-being remained a top priority.
- The recruitment process was thorough and sought to employ only staff whose values were aligned to the ethos and vision of provider of person centred care. One person told us, "The staff are excellent. [Provider] doesn't employ people unless they are kind and understanding."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

● The registered manager and provider were highly transparent, and understood the requirements of the duty of candour and ensured they complied with the obligation. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The registered manager reported incidents that happened at the service to relevant authorities and worked together with the person involved, their relatives and advocates were appropriate. Safeguarding outcomes and other lessons learnt were shared and discussed appropriately in line with duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

● Exceptional effective governance systems were embedded into the management of the service. There were distinct lines of responsibility and accountability which ensured people received effective care. The management team and staff knew the needs of the people they supported which enabled to work as a team and provide exceptional care to people.

● Robust oversight of the safety and quality of the service ensured outstanding care was sustained. Quality assurance systems were embedded as a way of providing care. The registered manager and unit managers and other senior staff undertook several daily walkabouts, daily, weekly and monthly audits, ensuring care provided aligned to regulatory responsibilities and best practice. Shortcomings and concerns were identified and addressed.

● Recording and monitoring of people on a central electronic database enabled managers to keep track of the progress of people in real time. Examples included updates about people on end of life care or those who showed behaviours that challenged the service and others were reviewed immediately and when needed appropriate and timely interventions were made. This resulted in people receiving holistic and personalised care that promoted their dignity and minimised pain and distress leading to positive outcomes.

● Quality assurance records showed people's health were managed well due to the effectiveness of the system used and there were lower incidents of avoidable harm and other issues such as anxiety and distressed behaviours in people.

● The provider and management team were committed to developing a high quality service and networked with other agencies to ensure care and support was delivered in line with current best practice.

Continuous learning and improving care

● Ongoing and sustained links with universities and research groups for collaborative working which included experiences of people living with dementia, oral health and use of technology. This resulted in significant improvement in people's lives such as improved sleeping patterns .

● Research organisations were invited to workshops or studies which people took part in to discuss issues and how these may impact them. For example, comments and observations about the impact of the intergenerational activities obtained from research findings included, "Watching the children is better than watching television. I can follow what is happening and I like to see how the children's minds work as they figure out how to move from one part of the room to another to get a toy they are interested in. It is very uplifting and brings me joy"; "With the nursery it has been a whole new lease on life for me. It's been a wonderful experience. I see the children every day and I love being part of the children's and teachers' lives "; Others had tears of joy in their eyes. Some of the people's faces lit up when the children came in. A staff member said "I said I feel we have brought joy to their lives. It adds another dimension to the day. These little, tiny people don't see an old person."

● Strong links prevailed with the Integrated Care Systems and government appointed agencies which they used as opportunities to share ideas and best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People, relatives and staff played a significant part in the running of the service. They told us the registered manager and provider consistently sought and encouraged rigorous feedback and constructive ideas to develop the service. Their comments included, "I have attended the meetings"; "My daughter goes to the meetings. She says they are quite useful, helps to empower people" and "[Registered manager and staff] check if everything is alright. What they seem to do very well here is to listen and act quickly if anything at all is raised."

● There were relatives and/or residents' meetings for the different units every quarter and there were twice yearly Nightingale-wide meetings with relatives. Relatives of residents in some units had set up their own WhatsApp groups to share information. There was a regular newsletter for staff in a chatty, friendly supportive tone. There was also a newsletter for families.

●The provider carried surveys and encouraged people, their relatives and staff to speak their mind. Staff told us, "We have a very obliging management, a calm and happy atmosphere here. Any feedback is taken seriously"; "I love working here. My contributions are valued" and "[Registered Manager] is very eager and receptive to feedback." Communication was very good and was done via regular staff, people and relatives' meetings, telephone contact, email and visits to the service. Feedback was used to develop the service.

● Strong links with the community enabled people to enjoy a fulfilled life. This included student volunteers from a local school, research forums and the intergenerational nursery they shared facilities and activities with.

● The ethos of providing exceptional person-centred care also applied to staff. Programmes were in place that promoted staff well-being. Staff were provided with resources designed to help them cope with the experiences of people supporting people with long term and complex needs, interacting with relatives and various healthcare professionals and the toll of working as part of team and in a home where people were accustomed to extremely high standards of care. The registered manager told us COVID-19 ushered in prolonged stress, uncertainty, fast changing regulations and guidance and loss of loved ones and coping will the pandemic illness both at work and at home.

●The provider took this into account and rewarded staff with a health and wellbeing day and barbecue, as well as specialist talks e.g. on breast cancer, workout sessions and yoga, gift vouchers, discounts, food hampers, free meals and free counselling sessions. The provider has continued this appreciation of the staff and retained some of the incentives introduced during the pandemic to maintain their morale, which staff appreciated very much.

● Staff were highly motivated, spoke with great enthusiasm about the service and were extremely proud to work at Nightingale House. A member of staff told us, "I feel we are very valued and work well as a team. The level of care here is second to none." Another said, "This is an outstanding place to work."

● Staff received other incentives such as subsidised fees for nursery places for their children. A member of staff told us, "The nursery has been fantastic for me. I can bring my child to the nursery and carry on with my work. It's subsidised for the workers, and it's been a great incentive for getting me back into work after the pandemic."

● Staff enjoyed the use of an onsite equipped gym which had machines for exercising such as rowing machines and weights. This provided an opportunity for staff to improve their fitness, happiness and overall well-being.

● There was a very strong provider's commitment towards equality and inclusion across the workforce. Staff were nurtured in their roles and personal development tailor made to suit individual skills and attributes. This enabled staff to progress in their careers while providing high quality care.

● People and their relatives were extremely proud about the way the service communicated with them. Communication efforts during the strict lockdown were said to have been brilliant and people did not feel isolated or left out about the events happening at the service and in the community. The provider, registered

manager and senior management team held COBRA meetings (modelled on Government Cabinet Office Briefing Room meetings, commonly known as COBRA, that are held to coordinate action in response to regional or national crises.), where they shared updates about COVID-19 including infections and deaths at the service.

Working in partnership with others

● Nightingale House's reputation as a flagship home with excellent care provision saw other care home providers sought their expertise. The registered manager told us, "We learn about possible rehabilitation and therapeutic interventions, importance of environment, and insights into the future ways of providing care to people living with dementia. We seek to continue to be at the front of groundbreaking initiatives in care provisions." The provider and registered were highly ambitious in getting the best care possible for people. They worked closely with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included National Institute for Clinical Excellence, (NICE), Skills for Care and Partners in Care, a local health and social care partnership group.

● The provider held a Silver award from the Investors in People. Investors in people is an international standard which provides structure for developing and sustaining a well led organisation and motivated workforce.

● The service had achieved wider public recognition through receiving Nursing Times awards. The provider was Finalist in the Workforce team of the year at the Nursing Times workforce summit in recognition of how they adapted to the COVID-19 pandemic. The registered manager was Finalist in the Nurse manager of the year category and a registered nurse was also a Finalist in the Overseas Nurse of the year category.